

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565163

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		2	1			
4		1	1			
5		2	1			
6		1	1			
7		2	1			
8		1	1			
9		2	1			
10		1	1			
11		2	1			
12		1	1			
13		2	1			
14	1		1			
15	1		1			
16	2		1			
17		1	1			
18		2	1			
19		1	1			
20		2	1			
21		1	1			
22		2	1			
23		1	1			
24		2	1			
25		1	1			
26		2	1			
27	1		1			
28	1		1			
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50						
TOTAL IND.			3			
TOTAL DEP.			26			
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						